

# Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE  
COMMITTEE STATEMENT

Type or print in ink.

☐ Amendment

SEE INSTRUCTIONS ON REVERSE

<b>Statement covers period</b> from <u>10/01/2017</u> through <u>12/31/2017</u>	<b>Date of election if applicable:</b> (Month, Day, Year) _____	Date Stamp	<b>CALIFORNIA FORM 461</b>
			1/2
			For Official Use Only

## 1. Name and Address Of Filer

### NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)

RONALD CONWAY

MAILING ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

SAN FRANCISCO

CA

94102

RESPONSIBLE OFFICER

(If filer is other than an individual)

AREA CODE/DAYTIME PHONE

RONALD CONWAY

## 2. Nature and Interests of Filer (Complete each applicable section.)

☒ A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

SV ANGEL,LLC

VENTURE CAPITAL

ADDRESS OF EMPLOYER/BUSINESS

SAN FRANCISCO

CA

94102

☐ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

## 3. Summary

(Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) ..... \$ 9400.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) ..... **SUBTOTAL** \$ 9400.00
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) ..... \$ 58300.00
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 67700.00

## 4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/21/2018  
DATE

By RONALD CONWAY  
SIGNATURE OF INDIVIDUAL DONOR OR  
RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

# Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND  
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period from <u>10/01/2017</u>	<b>CALIFORNIA FORM 461</b>
through <u>12/31/2017</u>	
2/2	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RONALD CONWAY

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/01/2017	BUFFY WICKS FOR ASSEMBLY 2018  OAKLAND CA 94618 ID: 1396734 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		BUFFY WICKS State Assembly Person Assembly District  NO: 15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	4400.00	Calendar Year \$ <u>4400.00</u> Other \$ _____
12/28/2017	MALIA COHEN FOR STATE BOARD OF EQUALIZATION 2018  SAN FRANCISCO CA 94114 ID: 1393775 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		MALIA COHEN Board of Equalization Member Board of Equalization District  NO: 2 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	5000.00	Calendar Year \$ <u>5000.00</u> Other \$ _____

SUBTOTAL \$ 9400.00

FPPC Form 461 (8/99)  
For Technical Assistance: 916/322-5660